Wayne F. MacCallum, Director

Crossbow Permit Application

When applying for a Crossbow permit, the attached application must be completed and signed by the applicant and the applicant's physician.

Physicians please note: The applicant's disability must be a **permanent** physical disability and as a result of that permanent physical disability, the person cannot operate a conventional bow or compound bow. The physician must provide a narrative in terms that a lay person can understand, as to how the permanent disability directly affects the applicant's ability to operate a conventional or compound bow. If there is any question of the applicant meeting the criteria, the applicant is subject to a review by a medical review board at the expense of the applicant.

Applicants please note: Successful applicants will receive a crossbow permit that is valid for the lifetime of the applicant unless revoked by the director of the Division of Fisheries and Wildlife. You will still be required to purchase the appropriate hunting licenses and stamps each year.

The law allows individuals with a permanent disability preventing them from using conventional archery equipment to apply for a lifetime permit to use a crossbow. Written certification from a physician attesting to the disability will be part of the application process

RETURN TO:

Crossbow Permit

MassWildlife
1 Rabbit Hill Road
Westboro, MA 01581

www.masswildlife.org

Crossbow Permit Application

Applicant's Section

Please type or print clearly. All incomplete applications will be returned without consideration.

Name of Applicant		Date			
Street and Mailing a		Daytime phone			
City/Town	State	Zip	Home phone		
Date of Birth	Height	Weight	Hair	Eyes	
I attest that I have a permanent physical disability and as a result of that disability cannot operate a conventional bow or a compound bow					
Applicant's Signature		Date			

Permittee subject to pains and penalties of perjury for making false statements

Official Use

Permit No: Date Issued:

Applicant's Name:	Birthdate:
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Physicians Section

* Physicians Please Note *

Please type or print clearly.	
Name of Physician	
Mailing address	
	Phone Number
Do not certify this applicant unless you are conv disability that meets the requirements of M. G. L the application material. I certify that this is a Permanent Physical Disabil Please describe in detail the Permanent Physical pages if needed)	ity.
pages if ficeded)	
Indicate how this Permanent Physical Disability a conventional bow or compound bow:	prohibits the individual from using
Physicians Signature	Date

This application is subject to medical review at the expense of the applicant.

GENERAL LAWS OF MASSACHUSETTS

PART I. ADMINISTRATION OF THE GOVERNMENT.

TITLE XIX. AGRICULTURE AND CONSERVATION.

CHAPTER 131. INLAND FISHERIES AND GAME AND OTHER NATURAL RESOURCES.

Chapter 131: Section 69. Bows and arrows for hunting.

Section 69. A person shall not carry or use a bow and arrow while hunting unless said bow and arrow meet such requirements as may be set by rules and regulations which the director is hereby authorized to promulgate. Such rules and regulations shall prescribe general design, weight of pull, and type of bows and arrows, and shall conform to standards generally accepted for bows and arrows used for hunting purposes. Nothing in this paragraph shall permit the use of crossbows by any person other than a person who is permanently disabled such that the person cannot operate a conventional bow and arrow, as certified by a licensed physician. Any costs associated with obtaining the medical documentation, re-evaluation of the information or a second medical opinion are the responsibility of the applicant claiming a permanent disability. The issuance of a crossbow permit under this section shall be subject to rules and regulations promulgated by the director.